



APPLICATION FOR GAS LICENCE

Name						
Mailing Address		Street Number	Street Name	Municipality	Province	Postal Code
Telephone	Home	Work		Fax	Email	
Date of Birth	Year	Month	Day			

Preferred Location Of Examination	<input type="checkbox"/> Bathurst	<input type="checkbox"/> Campbellton	<input type="checkbox"/> Edmundston	<input type="checkbox"/> Moncton	Language Preferred	<input type="checkbox"/> English
	<input type="checkbox"/> Miramichi	<input type="checkbox"/> Saint John	<input type="checkbox"/> Fredericton			<input type="checkbox"/> French

LICENCE REQUESTED (Please Check One)

<input type="checkbox"/> G1 Gas Technician	<input type="checkbox"/> PPO-1 Propane Plant Operator	<input type="checkbox"/> ICE-NG Natural Gas Internal Combustion Technician
<input type="checkbox"/> G1-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PPO-2 Propane Plant Operator (PPO-2 Candidates MUST Attach a "HANDS ON COMPETENCY" Form)	<input type="checkbox"/> ICE/IV-NG Natural Gas Internal Combustion Industrial Vehicle Technician
<input type="checkbox"/> G2 Gas Technician	<input type="checkbox"/> PTO-1 Propane Truck Operator	<input type="checkbox"/> IMT Industrial Maintenance Gas Technician
<input type="checkbox"/> G2-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PTO-2 Propane Truck Operator	<input type="checkbox"/> M Gas Fired Heating and Refrigeration Maintenance Licence
<input type="checkbox"/> GP Gas Piping Fitter	<input type="checkbox"/> ICE-P Propane Internal Combustion Technician	<input type="checkbox"/> RVT Recreation Vehicle
<input type="checkbox"/> G Medical Gas Verifier Installer	<input type="checkbox"/> ICE/IV-P Propane Internal Combustion Industrial Vehicle Technician	<input type="checkbox"/> DAT Domestic Appliance Gas Technician
<input type="checkbox"/> F Medical Gas Installer		

APPROVED COURSES SUCCESSFULLY COMPLETED

Course Name	Instructor	Mark
	Instructor	Mark
	Instructor	Mark
Board Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Examination Required	Signature
		Date

***** THIS SECTION TO BE COMPLETED BY EMPLOYER *****

I hereby certify that _____ has been employed by _____
 for the period from _____ to _____ Signature _____ Date _____

Previous Work Experience
 Attach additional pages if required

CHECK APPROPRIATE BOXES

<input type="checkbox"/> Successfully completed training program acceptable to Gas Board	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A2, A4, G2-L or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under the Class G2 or G21 licence holder	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A4 or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under a Class G1 licence holder, 500 of which must be on appliances having a heating value greater than 400,000 BTU's	<input type="checkbox"/> Hold a Certification of Qualification in Automotive, Heavy Equipment, Truck and Transport or Automotive (Electrical and Fuel). Service Technician Occupation Certificate Type _____ No. _____
<input type="checkbox"/> Hold a Certificate of Qualification in Plumber or Steamfitter/Pipefitter Occupation Certificate Type _____ No. _____	<input type="checkbox"/> 300 hours experience under the supervision of a valid Class PPO-1 licence holder
<input type="checkbox"/> Hold a Certificate of Qualification in Refrigeration and Air Conditioning Mechanic Occupation Certificate No.	<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-1 Propane Truck Operator Licence
<input type="checkbox"/> 8 hours experience under the supervision of a valid Class PPO-2 licence holder	<input type="checkbox"/> Hold appropriate class of licence under <i>Motor Vehicle Act</i> . Licence Type _____ No. _____
<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-2 Propane Truck Operator Licence	<input type="checkbox"/> Holder of Certificate of Qualification in appliance service technician occupation.
<input type="checkbox"/> 480 hours experience under a Recreational Vehicle or Class A1 Domestic Compressed Gas Licence holder	<input type="checkbox"/> Holder of a Medical Gas Installer's Licence (F) No. of years _____
<input type="checkbox"/> Hold a Certificate of Qualification in a related occupation acceptable to the Gas Board Certificate Type _____ No. _____	<input type="checkbox"/> Passed brazers performance qualification test Symbol _____
<input type="checkbox"/> Successfully completed Pre-Employment Training Program NBCC	<input type="checkbox"/> Service Medical Gas Piping Systems

Applicant's Signature	Date
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Payment Instructions	Method of Payment
Method of Payment:	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
* Cheque or money order made payable to the "Minister of Finance"	Card # _____
* Credit Card (Visa or MasterCard only)	Month _____ Year _____
Fee: \$50.00	Expiry Date _____ Signature _____